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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/280,629 03/29/2001
 and is a CIP of 09/874,795 06/05/2001 PAT 7,328,350
 which claims benefit of 60/280,629 03/29/2001
 and is a CIP of 09/750,511 12/27/2000 PAT 6,956,950

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/16/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20350

TITLE

METHOD AND SYSTEM FOR CAMOUFLAGING ACCESS-CONTROLLED DATA

FILING FEE RECEIVED 3332	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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